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TRANSMITTAL FORM			Application Number		09/622,452								
			Filing Date		October 31, 2000								
			First Named Invent	tor	David B. Weiner								
( JUN 2 0 2009 ( )			Art Unit		1632								
JUN 2 2003 3			Examiner Name		Anne Marie Wehbe								
Total Number of Pages in Th	n I	Attorney Docket No	umber	UPAP0011	I-100								
ENCLOSURES (check all that apply)													
Fee Transmittal Form		☐ Drawing(s			After Allo	owance Communication to TC							
Fee Attached		_	related Papers		Appeal Communication to Board								
Amendment / Reply		Petition			of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
After Final		Petition to Convert to a Provisional Application			Proprietary Information								
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter								
		☐ Terminal Disclaimer			Other Enclosure(s) (please identify below):								
Express Abandonment Request		Request for Refund			NOTICE OF RECEIPT	APPEAL; POSTCARD							
		CD, Number of CD(s)											
Information Disclosure Statement		Lan	dscape Table on CD										
Certified Copy of Priority Document(s)		Remarks											
Reply to Missing Parts/													
Incomplete Application													
Reply to Missing Pa under 37 CFR1.52 (													
	SIGN	ATURE OF A	APPLICANT, ATTOR	RNEY, OF	R AGENT								
Firm		Cozen O'Connor											
Signature		Gano Seolnes											
Printed Name		Daniel M. Scolnick, Ph.D.			1								
Date		June 20, 2005 Reg. No.			52, 201								
CERTIFICATE OF EXPRESS MAILING													
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Signature Atmed Edmin													
Typed or printed name	Daniel M.	Scolnick, Ph.D	· .		Date	June 20, 2005							

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Effective Fees augment to the Consolida	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known										
OFF				pplication Number	09/622,452									
T FEE TRANSMITTAL			Fi	iling Date	October 31, 2000									
JUN 2 0 2008 Hor FY 2005			Fi	irst Named Inventor	David B. Weiner									
Applicant clams small	entity s	tatus. See 37 CFR 1.27	E	xaminer Name	Anne Marie Wehbe									
TOTAL AMOUNT OF PAY			Α	rt Unit	1632									
TOTAL-AMOUNT OF PAY	MENT	(\$) 1520.00	A	ttorney Docket No.	UPAP0011-100									
METHOD OF PAYMENT (check all that apply)														
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :														
☐ Creek ☐ Credit Card ☐ Money Glade ☐ None ☐ Guiler (please Identity) :  ☐ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor														
· ·			r is he											
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee													
	☑ Charge any additional fee(s) or underpayments of fee(s)													
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card														
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BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES     SEARCH FEES     EXAMINATION FEES														
	- 4	Small Entity	E (A	Small Entit			Entity	F D-:- (A)						
Application Type	Fee (\$		Fee(\$		<u>Fee(\$)</u>	Fee		Fees Paid (\$)						
Utility	300	150	500	250	200	100		<del></del>						
Design	200	100	100	50	130	65		<del></del>						
Plant	200	100	300	150	160	80		<del></del>						
Reissue	300	150	500	250	600	300								
Provisional	200	100	0	0	0	0								
2. EXCESS CLAIM FE	ES						9	Small Entity						
Fee Description						<u>Fe</u>	e (\$)	Fee (\$)						
Each claim over 20 (inc	luding R	eissues)				5	50	25						
Each independent claim	over 3 (	including Reissues)					00	100						
Multiple dependent clai	ms					36	<b>i</b> 0	180						
<u>Total Claims</u>	<u>Extra</u>	<u>Claims</u> Fee(\$)		<u>Fee Paid (\$)</u>		<u>M</u>	<u>ultiple D</u>	<u> Dependent Claims</u>						
20 or HP=	·	x	=				Fee (\$)	Fee Paid (\$)						
HP = highest number of to	otal claims	s paid for, if greater than 20.												
Indep. Claims		Claims Fee(\$)		Fee Paid (\$)										
- 3 or HP=		X	=											
	—— ebrende		_											
HP = highest number of independent claims paid for, if greater than 3.														
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer														
								50						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).														
		See 35 U.S.C. 41(a)(1)(C	and .	3 / CFK 1.16(S).	forstion thereof	f Ea	- (e)	Con Doid (\$)						
<u>Total Sheets</u>					fraction thereo	<u>. re</u>	ee (\$)	Fee Paid (\$)						
100 = / 50 = (round <b>up</b> to a whole number) x =														
4. OTHER FEE(S) Fees Paid (\$)														
Non-English Specification, \$130 fee (no small entity discount)														
Other (e.g., late filing surcharge): Notice of Appeal (\$500); Pet. for 3 Mos. Ext. (\$1,020):														
SUBMITTED BY	<del>2</del>			I Barrier										
Signature	and	el scolus		Registration No. (Attorney/Agent)	52,201		Telephone	215.665.6928						

Date June 20, 2005 Name (Print/Type) Daniel M. Scotnick, Ph.D.

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